State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST REPORT FORM

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LOBBYISTS (Sec. 67-6619) 14 JAN 17 PM 2:58

STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Period covered Date prepared KEN MILLER year ending P.O. Box 1731 1/17/2014 (Day) (Yr.) (Mo.) BOISE ID 83701 12 2013 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Employer No. 1 Do Not Have to be Reported Employer No. 2 Employer No. 3 Employer No. 4 91 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than one hundred five dollars (\$105) for a legislator, other holder of public office, executive officials and member(s) of their household. Item-Names of Legislators, Public and Executive Officials 2 Place Date Amount and Household Members in Group Continued on attached page(s) Item **INSTRUCTIONS** Employer(s) Name(s) and Address(es) SNAKERIVER AlliANCE Who should file this form: Any lobbyist registered under Section POBOX 1731 BOISE ID 83701 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720

No. 4

Item	Item Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION				
4		obbyist was supporting or opp		Code	Subject	Code	Subject
				01	Agriculture, horticulture,	17	Health service, medicine, drugs
Subjec		Bill, Resolution or Other	Appropriation Bill Number		farming, and livestock		and controlled substances, health
(from	table)	Legislative Ident. Number	and Section Number	02	Amusements, games, athletics		insurance, hospitals
A	7				and sports	18	Higher education
07, 13	5	H 50		03	Banking, finance, credit and	19	Housing, construction, codes
A .		$\mu_{\Omega_{c}}$		١.,	investments	20	Insurance (excluding health
30				04	Children, minors, youth,	21	insurance)
0				05	senior citizens Church and religion	21	Labor, salaries and wages, collective bargaining
				06	Consumer affairs	22	Law enforcement, courts,
		= = = = = = = = = = = = = = = = = = = =		07	Ecology, environment, pollution,	22	judges, crimes, prisons
07,30)	SCR127		"	conservation, zoning, land and	23	License, permits
					water use	24	Liquor
				08	Education	25	Manufacturing, distribution and
				09	Elections, campaigns, voting,		services
					political parties	26	Natural resources, forest and
		•		10	Equal rights, civil rights,		forest products, fisheries, mining
					minority affairs		and mining products
				11	Government, financing,	27	Public lands, parks, recreation
					taxation, revenue, budget,	28	Social insurance, unemployment
				١	appropriations, bids, fees, funds		insurance, public assistance,
				12	Government, county	20	workmen's compensation
				13	Government, federal Government, municipal	29	Transportation, highways, streets and roads
				15	Government, municipal Government, special districts	30	Utilities, communications,
				16	Government, state	30	televisions, radio, newspaper,
				"	Government, state		power, CATV, gas
						31	Other (please specify)
					ERTIFICATION: I hereby certify the correct statement in accordance with S		
Item Identify any rule, ratemaking decision, procurement,			L	obbyist signature		Date	
5	contract hid or hid process financial convices agreement or		ļ <u> </u>	de Woodly		417-114	
				E	mployer No. 1 signature		Date
				E	mployer No. 2 signature		Date
				Eı	mployer No. 3 signature		Date
				E ₁	mployer No. 4 signature		Date